### Application Data Sheet

## Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: TISSUE PAPER PENETRATED WITH

SOFTENING LOTION

Attorney Docket Number:: 4002-1001-1

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: GUIDO

Middle Name::

Family Name:: BAUMOLLER

City of Residence:: LEICHLINGEN

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: AM TREPPCHEN 5

City of Mailing Address:: LEICHLINGEN

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status. Full Capacity

Status:: Full Capacit

Given Name:: ROLF

Middle Name::

Family Name:: KAWA

City of Residence:: MONHEIM

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: FONTANESTRASSE 28

City of Mailing Address:: MONHEIM

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-40789

Applicant Authority Type:: Inventor
Primary Citizenship Country:: GERMANY

Status:: Full Capacity

Given Name:: DR. STEPHAN

Middle Name::

Family Name:: EICHHORN

City of Residence:: GERNSHEIM

State or Province of Residence::

Country of Residence:: GERMANY

Street of Mailing Address:: TANNENSTRASSE 25

City of Mailing Address:: GERNSHEIM

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: D-64579

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466

#### Domestic Priority Information

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::
This application	Non-Provisional of	60/262,368	1/19/01

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::

# Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::